

T.Y.L. II INC
5124 WALNUT STREET
PHILADELPHIA PA, 19139
215.474.9025 FAX: 215.474.9055

Child Escort Form

Start Date: _____

End Date: _____

Name of Escort: _____

Date of Birth: _____ Relationship to Child: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Child's Name: _____ Date of Birth: _____

Classroom: _____

I, _____ give permission for _____

to accompany my child _____ during the program day.

Parent/Guardian Signature: _____ Date: _____

Escort Signature: _____ Date: _____

Witness Signature: _____ Date: _____